## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/574807

| ı                        | CLAIMS AS FILED - PART I  |                                 |   |                                   |                    |  |                     |                        | 23 20 2 5 |                      |                        |
|--------------------------|---|---------------------------------|---|-----------------------------------|--------------------|--|---------------------|------------------------|-----------|----------------------|------------------------|
| L                        |   | OLAINO :                        | (Colum  |                                   |                    | (Column 2)   | SMALL EN<br>TYPE    | TITY                   | OR        | OTHER<br>SMALL       |                        |
| U.S. NATIONAL STAGE FEES |   |                                 |   |                                   |                    |  | RATE                | FEE                    | 7         | RATE                 |                        |
| ВА                       | SIC FEE   |                                 | SMALL ENT   | SMALL ENT. = \$ 150               |                    | GE ENT. = \$ 300   | BASIC FEE           | -                      |           | <del></del>          | FEE                    |
| EX                       | AMINATION F   | EE                              | Satisfies PCT   | Article 33(1)-                    |                    | other situations =   | EXAM. FEE           | <del> </del>           | - OR      | BASIC FEE            | 300                    |
| SE                       | ARCH FEE  |                                 | (4) = \$50 / \$100  All other situations (ie. No Search Rpt.) = \$250 / \$500 |                                   | U.S. Is<br>ALL     | \$ 100 / \$ 200<br>ISA = \$ 50 / \$ 100<br>other countries = | SEARCH FEE          | ļ                      | 1         | EXAM. FEE SEARCH FEE | 200                    |
| FEE                      | FOR EXTRA   | SPEC. PGS.                      | minus 100 =   |                                   |                    | \$ 200 / \$ 400<br>/ 50 =                                    | V \$ 425 -          | <del> </del>           | -         |                      | 4.00                   |
| ТОТ                      | TAL CHARGE  | ABLE CLAIMS 18                  | 28 minus 20 =   |                                   |                    |  | X \$ 125 =          | ļ                      | -         | X \$ 250 =           |                        |
| •                        | EPENDENT C  | <del></del>                     | 1 minus 3 =   |                                   | <del></del>        | 8  | X \$ 25 =           | ļ                      | OR        | X \$ 50 =            | 400                    |
|                          | <del></del>   | NDENT CLAIM PR                  |   | iiius 3 =                         | *                  |  | X \$ 100 =          | <u> </u>               | OR        | X \$ 200 =           |                        |
|                          |   |                                 | ess than zero, enter "0   |                                   |                    | 山山   | + \$ 180 =          |                        | OR        | + \$ 360 =           | 360                    |
| •                        |   | o in column 1 15                | iess man zero   | o, enter "C                       | )" in co           | olumn 2  | TOTAL               | L                      | OR        | TOTAL                | 1660                   |
|                          | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                                 |   |                                   |                    |  | SMALL E             | ENTITY                 | OR        | OTHER<br>SMALL E     |                        |
| AMENDMENT A              |   | REMAINING<br>AFTER<br>AMENDMENT |   | PREVIO                            | BER<br>OUSLY       | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                 | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *                               | Minus   | **                                |                    | =  | X \$ 25 =           |                        | OR        | X \$ 50 =            |                        |
|                          | Independent   |                                 | Minus   | ***                               |                    | =  | X \$ 100 =          |                        | OR        | X \$ 200 =           | 1                      |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |                                 |   |                                   |                    |  | + \$ 180 =          |                        | OR        | + \$ 360 =           |                        |
|                          |   |                                 |   |                                   |                    |  | TOTAL ADDIT.<br>FFF |                        | OR        | TOTAL ADDIT.         |                        |
|                          | <del></del>   | (Column 1)                      |   | (Colum                            |                    | (Column 3)   |                     |                        |           |                      |                        |
| 꿃                        |   | REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY         | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                 | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *                               | Minus   | **                                |                    | =  | ·X \$ 25 =          |                        | OR        | X \$ 50 =            |                        |
|                          | Independent   | *                               | Minus   | ***                               |                    | =  | X \$ 100 =          |                        | OR        | X \$ 200 =           |                        |
| _                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |                                 |   |                                   |                    |  | + \$ 180 =          |                        | OR        | + \$ 360 =           |                        |
|                          |   |                                 |   | <del></del>                       |                    | <del></del>  | TOTAL ADDIT:        |                        |           | TOTAL ADDIT.         |                        |
| - (                      | i ine "Hignest Ni   | umn 1 is less than the          | For IN THIS SO.   | , write "0" in<br>ACE is less     | column<br>lhan '20 | 3.<br>', enter "20".   |                     |                        |           |                      |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.